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AUTHOR Palmer, Susan
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ABSTRACT

This fact sheet uses a question-and-answer format to summarize early intervention services for children (birth through age 2) provided by Part C of the Individuals with Disabilities Education Act of 1997 (Public Law 105-17). Questions and answers address the following topics: the purpose of Part C (early identification and intervention with infants and toddlers); eligibility for services under Part C (children under age 3 with developmental delay or diagnosed conditions); services mandated to eligible children and their families; the Individualized Family Service Plan; procedural safeguards under Part C; the role of the state and federal governments in providing services; services that each state must provide (such as a comprehensive child find and referral system); and paying for early intervention services. (DB)

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Q&A

Early Intervention Services for Children Birth Through Age 2 Enacted by P.L. 105-17 (IDEA 97)

by Susan Palmer, Ph.D., Project Director, Department of Research and Program Services

Introduction

Early intervention services for children with disabilities from birth through age 2 are provided under Part C of IDEA (Individuals with Disabilities Education Act - P.L. 105-17) enacted in 1997. Part C services are not permanently authorized and will need to be re-authorized in 2002.

Early intervention services with federal assistance began in 1988, although some states already had services. In 1991, the Early Intervention State Grant Program for Infants and Toddlers became Part H of the IDEA.

In early intervention the family is considered the child's greatest resource. Each child's development is served by supporting his or her family and building on strengths of the family and child while supporting identified needs.

What is the purpose of Part C?

The federal early intervention program addresses the following needs: (1) to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay; (2) to reduce the educational costs to our society, including our nation's schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age; (3) to minimize the likelihood of institutionalization of individuals with disabilities and maximize the potential for their independent living in society; (4) to enhance the capacity of families to meet the special needs of infants and toddlers with disabilities; and (5) to enhance the capacity of state and local agencies and service providers to identify, evaluate, and meet the historically underrepresented population, particularly minority, low-income, inner-city, and rural populations.

Who is eligible for services?

Children from birth through two years (up to third birthday) who meet state eligibility criteria will be served under Part C. Two mandatory categories are: children with developmental delay measured by appropriate diagnostic instruments and procedures and children with diagnosed conditions, such as Down syndrome or cerebral palsy, which have a high probability of resulting in a developmental delay. Each state must define developmental delay and identify the population of young children who qualify for services. A delay can occur in one or more of the following areas: cognitive development, physical development (includes vision and hearing), communication development, social or emotional development, and adaptive development.

States also have the option of serving children at risk for developmental delay, as defined by each state. Part C encourages states to expand opportunities for children under age 3 who would be at risk for substantial developmental delay unless services were received. A periodic check on the eligibility of each child who has been referred for early intervention is also a new provision of Part C.

What services must be provided to eligible children and their families?

Appropriate early intervention services must be tailored to meet the unique needs of the eligible infant or toddler and his or her family. These services must be designed in collaboration with the family to enhance both the development of the child and the family's capacity to meet the needs of the child. In addition, services must be provided under public supervision by qualified personnel in conformity with professional standards of practice. Some of the service providers might include: special educators, speech-language pathologists and audiologists, occupational therapists, physical therapists, psychologists, social workers, nurses, nutritionists, family therapists, orientation and mobility specialists, and pediatricians /physicians. These services must be appropriate to the child's needs, and supplied in natural environments in which children without disabilities participate and in the home. If services cannot be provided in natural environments, this limitation should be explained.

Services might include any of the following, depending on evaluation results: family training, counseling, and home visits; special instruction; speech-language pathology and audiology services; occupational therapy; physical therapy; psychological services; service coordination services, including transition to other programs or levels of service; medical services only for diagnostic evaluation purposes; early identification, screening, and assessment services; health services necessary to enable the infant or toddler to benefit from the other early intervention services; social work services; vision services; assistive technology devices and technology services; and transportation and related costs necessary to enable an infant or toddler and the infant or toddler's family to receive services listed above. Any services must be provided in conformity with an individualized family service plan (IFSP).

What is an IFSP?

The IFSP, or Individualized Family Service Plan, is a written document describing how the child's and family's needs will be met. A multidisciplinary assessment is held initially and annually to assess a child's strengths and needs and identify appropriate services. The family completes an assessment of its resources, priorities, and concerns. Supports and services necessary to enhance the family's capacity to meet the developmental needs of the child are identified with the family's permission and assistance.

A written IFSP is developed in a reasonable time-frame after the assessment by a multidisciplinary team.

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which includes the family as a primary participant. The IFSP describes the child's developmental levels in all areas; the family's resources, priorities, and concerns relating to enhancing the development of their child; and the services to be received, including the frequency, intensity, and method of delivering services. In addition, the IFSP must contain a statement of the natural environments in which early intervention services will occur, including a documentation of the extent to which the services might not be provided in the natural environment, if applicable. Projected dates for service initiation and duration must be given, and a service coordinator from a profession most relevant to the child or family's needs must be named. This service coordinator will be responsible for implementation of the plan and coordination with other agencies and persons. Each IFSP must be reviewed at least every six months and updated following annual assessments. It can be updated sooner if the child's needs change.

Transition services must be specified for a child who will be entering preschool for 3- to 5-year-olds or other services or in the event of a family move. In order to provide a more comprehensive transition, Part C now includes a transition requirement (if approved by the parent) that the local education agency participate in a planning conference for toddlers who are about to enter preschool programs. Each state defines specific guidelines regarding how the education plan, including service options, will be developed and implemented by the child's third birthday.

What procedural safeguards are in Part C?

The lead agency in each state must adopt procedural safeguards to protect the basic rights of the children and families involved in early intervention. The following are a brief listing of the requirements:

- The timely resolution of complaints by parents, either by the local agency, state office, or the court system.
- Confidentiality of personally identifiable information must be maintained. Written permission must be obtained from family for exchange of information between agencies and other service providers.
- Parents may accept or decline any part of or all services, in accordance with State law, without jeopardizing other intervention services provided.
- Parents may examine records relating to assessment, screening, eligibility determination, and implementation of the IFSP.
- Prior written notice must be given to parents and guardians for any activity related to intervention, such as change of services, evaluation, placement, or provision of appropriate early intervention services to the child. Notice must be given in the parents' native language if possible.
- When a parental complaint is filed, prompt and unbiased dispute resolution through mediation is guaranteed while services continue.

What must the state and federal governments do to provide services?

The governor is empowered to name a lead agency, either the state education agency or another separate agency, in each state to implement early intervention services. A state interagency coordinating council is appointed a chairperson independent of the lead agency for early intervention services. Twenty percent of council members must be parents of infants or toddlers with disabilities or children who are aged 12 or younger, with at least one parent of a child aged 6 or younger. At least twenty percent of the members shall be public or private providers of early intervention services. Membership of the rest of the council shall include at least one member from each of the following groups: the state legislature, personnel preparation, state agency for provision of early intervention services, state agency for preschool services, agency for health insurance, Head Start agency, Child Care Regulatory agency, and an Indian Affairs representative. Many states also have local interagency coordinating councils to assist in planning.

States are responsible for the general administration, supervision, and monitoring of programs and activities; the identification and coordination of all available federal, state, local and private resources, and the assignment of financial responsibility to appropriate state agencies; the adoption of formal state interagency financial agreements; and the resolution of disputes. Each state must hold public hearings, summarize and respond to these comments. Equitable distribution of resources to all geographic areas must be assured.

There is also a federal interagency council which is appointed to minimize duplication of programs and activities across federal, state, and local agencies; ensure the effective coordination of early intervention and preschool programs in federal agencies; make provisions for technical assistance; and identify gaps in federal agency programs and services as well as barriers to federal interagency cooperation.

What services must each state provide?

Minimum state early intervention systems include the previously listed elements of early intervention: a state definition of developmental delay, assessment, an IFSP for each family, and procedural safeguards for services and assessment. States must also provide:

- a comprehensive timely child find and referral system;
- a public awareness program, including information to all referral sources, especially doctors and hospitals and documentation of their participation;
- a central directory of services and resources and list of research projects in the state;
- a system for training personnel, especially paraprofessionals, rural and inner-city providers, and primary referral sources;
- administration, supervision, and monitoring of the program;
- a contracting process for local service providers;
- a reimbursement system;
- personnel standards; and
- a data collection process to ensure effective provision of services statewide.

Who pays for early intervention services?

Part C early intervention services must be affordable to all families. Some states charge a sliding scale fee based on parents' ability to pay. However, no state can deny services to people who cannot pay even though Part C funds cover only a portion of operating costs. Third-party insurance coverage, with parent permission, as well as Medicaid funds are used as additional funding at the service provision level.

Resources: Contact your local school district or call National Information Center for Children and Youth with Disabilities (NICHCY) at 1-800-695-0285 for more information and a resource listing of your state agencies.

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